

HHS-CMS-CMCS

March 14, 2023

2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are on a listen-only mode. During the Q&A session if you'd like to ask a question you may press Star 1 on your phone.

Today's call is being recorded. If you have any objections you may disconnect at this time. I'll now turn the call over to Jackie Glaze. Thank you. You may begin.

Jackie Glaze: Good afternoon and welcome everyone to today's All-State call. I would like to turn to Anne Marie Costello, our Deputy Center Director, for opening remarks. Anne Marie?

Anne Marie Costello: Thanks Jackie. And hi everyone and welcome to today's call. On last week's call we dedicated the entire hour to an open Q&A. We had such great participation that we decided to do the same thing this week.

We have a few questions that were submitted to us in advance, and we'll address those questions first. But before we get started you can also now start entering any questions you have for our subject matter experts into the chat

now. With that we'll turn things over to (Ashley) and Jackie to facilitate the Q&A. Thanks, everyone.

(Ashley): Thanks Anne Marie. As Anne Marie said we have a few questions that were submitted in advance. The first few are around returned mail.

And the first question says, "If the member contacts the state within 30 days of the follow-up outreach messages via two additional modalities, that were sent due to the state's receipt of returned mail, does the state need to reinstate coverage as of the date that the member contact was reestablished or as of the first of the same month?"

(Sarah): Thanks (Ashley). So that is a state option. The state would be required to reinstate coverage either as of the date that contact is made with the beneficiary or as of the first date of that month that contact is made.

(Ashley): Okay, thanks (Sarah). The next question says, "Can you confirm for a member to be eligible for reinstatement following termination, their mail must have been returned within 30 days to the state, and the member must respond to the state's follow-up outreach messaging within 30 days of the outreach messages being sent? Is this correct?"

(Sarah): (Ashley), can you repeat that question?

(Ashley): Sure. It says, "Can you confirm that for a member to be eligible for reinstatement following termination that their mail must have been returned within 30 days to the state, and the member must respond to the state's follow-up outreach messaging within 30 days of the messages being sent? Is this correct?"

(Sarah): We're going to have to take that one back to evaluate. So it is true that the state would be - if mail is returned within 30 days of the date of termination then the state is required to reach out and attempt to contact the beneficiary. But that second piece about the response from the beneficiary, we can take that one back.

Anne Marie Costello: (Sarah), would it be helpful if you maybe just restated the requirements? Again, it might just be helpful to the person who submitted the question.

(Sarah): Sure, I can do that. So if mail is returned after a beneficiary's coverage has been terminated, for failure to respond to a renewal form or a request for information needed to conduct the renewal, if the state - if the mail is returned within 30 days after a beneficiary's coverage is terminated, for failure to respond to that renewal information, then the state must attempt to contact that individual using one or more modalities, including phone, email, text, or a forwarding address provided on the returned mail.

We want to note that states may extend that time from 30 days up to 90 days, but that's at a state option. So once - if a beneficiary responds to that state's outreach, as was just described, the state must promptly reinstate the beneficiary's coverage.

And the effective date would be that the - either the date that the contact is made with the beneficiary or back to the first date of the month that contact is made. So that's a state option to make that coverage effective back to that first date of the month.

So at that point, after the state obtains up to date contact information from the beneficiary, it must provide the beneficiary with an opportunity to furnish the information needed to complete the eligibility determination. So if a new

renewal form is required the state must send that renewal form and provide MAGI-based beneficiaries with 30 days and non-MAGI beneficiaries a reasonable time to complete the renewal - to respond to the renewal and complete that information.

If the beneficiary returns the information, and is determined eligible, the state must provide coverage for any Medicaid covered service provided back to the date of termination. If the beneficiary fails to respond within either 30 days, or a reasonable period of time allowed, the state must send a ten-day advance notice of termination in their hearing rights and terminate coverage.

(Ashley): Okay, thanks (Sarah). The next question says, "If a member gets in touch after their coverage was terminated in response to our returned mail follow-up outreach, and we reinstate their coverage as of the first of the month they got in touch, and then sent a new renewal packet with a new renewal deadline what happens if that second renewal packet gets returned? Does the whole returned mail process start over again?"

(Suzette): So this is (Suzette). Maybe I can take that one. So I think, you know, if you've made contact with the individual hopefully the state will have collected updated contact information based on that contact. But if that returned mail occurs again 30 days after that initial returned mail I don't think there would be the responsibility to start the process again.

(Ashley): Thanks, (Suzette). The next question says, "Are there any special considerations around determining PMA eligibility during the unwinding period?"

Sarah Lichtman Spector: Hi. This is Sarah Lichtman Spector from Division of Medicaid Eligibility Policy. We are doing some work to develop an answer around TMA and that is forthcoming.

(Ashley): Okay, thanks Sarah. Then we have a question on premiums that says, "In January 2021 FAQs CMS indicated there could be no changes to cost sharing requirements until the month after the PHE ends. Does a person need to go through a full redetermination prior to having a new cost sharing requirement implemented, or can these changes be implemented sooner without violating maintenance's effort requirements?"

Marc Steinberg: This is Marc Steinberg with the Division of Medicaid Eligibility Policy. So the answer to like so many things is it depends. I assume we are talking about after the end of the continuous enrollment condition on April 1. So let's assume we're talking about starting then.

If a person has had a full renewal within the past 12 months, that's - so that the state is acting on current income information which we define as information verified within the last 12 months, then the state can, with a question, reinstate or increase premiums? I'm Sorry.

Woman: Hold on just one...

Marc Steinberg: Sorry to answer than I realized that (unintelligible). It's the same answer, but I want to say the right thing.

(Ashley): It is prior to having new cost sharing requirements.

Marc Steinberg: New cost sharing? Okay, and we're talking about on an individual here. Oh, is this - yes. Are we talking about premiums or cost sharing (unintelligible)? I'm

going to go with that. Good point. Can you restate the - why don't you restate the question before I answer the question I want to answer and make sure I'm answering the question that is asked?

(Ashley): Sure. So it says, "In January 2021 FAQs CMS indicated that there could be no changes to cost sharing requirements until the month after the PHE ends. Does a person need to go through a full redetermination prior to having a new cost sharing requirement implemented, or can these changes be implemented sooner without violating maintenance of effort requirements?"

Marc Steinberg: We're talking cost sharing and not premiums. I'm sorry I jumped immediately to the premium question, but it is in fact cost sharing. Let's take that back and be sure that we - that the answer is that we have a consistent answer on that. It is a good question. And please send you can send it to the unwinding mailbox, but we'll also make sure we follow up.

(Ashley): Okay, thanks. The next question says, "Would we need to reinstate coverage if we received returned mail with an in-state forwarding address in response to a request for additional information? Example, if we asked for more information while processing the review, didn't receive it, and closed for failure to provide information and then received the return mail back, would we need to reinstate coverage if it was received within 30 days of discontinuance or is that only applicable to the review form itself?"

(Sarah): Thanks, (Ashley). So the returned mail condition applies to mail returned in response to either a notice to a beneficiary instructing them to return a renewal form or a request for additional information needed to make the eligibility determination at renewal. It's not specific to what kind of forwarding address is on the mail. When it comes back it's specific to either of those- any of those

requests for information or the renewal form itself needed to conduct the renewal.

(Suzette): Can we also clarify, (Sarah), that the reinstatement would only happen if the state makes contact, correct?

(Sarah): Sorry, yes. So upon receipt of that returned mail, in this scenario, the state would reach out using the two modalities, which could include a forwarding address, as explained in the January 2023 CAA SHO. And then if the contact is made with the beneficiary then that reinstatement would occur either on the day that the contact is made or back to the first day of that month.

(Ashley): Okay, thank you both. The next question says, "Are states expected to automatically reinstate coverage if a renewal is returned prior to the end of the current renewal period, but after the eligibility has already been closed? For example, the renewal is due May 15 and returned on May 30. How would a state automate a reinstatement since the negative action notice has already been sent and eligibility closure has been sent to the MMIS?"

(Suzette): Hi, this is (Suzette). So I think the question is, if a state receives a renewal form prior to the end of the month in which their renewal is due, does the state need to act on the renewal form? And the answer is yes, the state would need to receive the renewal form and attempt to determine eligibility using the information provided.

If the state has already - if the state is unable to stop the closure at that point, because you've already run your discontinuous batch or are sending, you know, have already sent the form, then the state would need to reinstate coverage and let the person know that their eligibility continues until the state has made a determination.

(Ashley): Okay, thank you (Suzette). The next question says, "If contact is made after returned mail, and the state reinstates eligibility, should the state also be updating the renewal date for the member? Reprinting the renewal notice with a new address will still have the older renewal date and due date from the prior renewal period."

(Sarah): Yes, thanks (Ashley). So after the state obtains - makes contact with the individual and obtains the up to date contact information, they must update that date and provide the beneficiary with the opportunity to furnish any information to complete that eligibility determination.

(Ashley): Okay. Then we have a question that says, "Does CMS have plans to issue guidance on Section 5112 of the 2023 CAA, which is the section on continuous eligibility for children under Medicaid and CHIP?"

Sarah de Lone: Hi. This is Sarah de Lone. Yes we do. We're working on that, but we don't have a specific timeline. Recognize that with continuous eligibility being - for kids being required, effective for all states effective January 1 of 2024, we are working to get some guidance out to you all as soon as we possibly can, but it will be, you know, it will be a little bit yet.

(Ashley): Okay, thanks, Sarah. And it looks like we have one more question. It's a follow-up for Marc and/or CAP. And it says, "Are you including post-eligibility treatment of income liability toward cost of care as cost sharing? Can you define cost sharing and the difference between premiums, PETI liability for cost of care, and cost sharing?"

Sarah de Lone: This is Sarah de Lone.

Marc Steinberg: I think we should - go ahead.

Sarah de Lone: That's a very broad question.

Marc Steinberg: Yes.

Sarah de Lone: And I feel like we need to understand the context in which it's asked because different rules, some states refer to PETI as a form of share of cost. I've heard some of this cost sharing sort of highly defined. So I think maybe we should follow up one on one with that - the person asking that question to understand the context and which rules they're wondering whether they apply equally to cost sharing and PETI.

(Ashley): Thank you, Sarah. We'll move to the phone lines at this point. So operator, if you could please provide instructions for the participants to register their questions and then open the phone lines please.

Coordinator: Yes, the phone lines are now open for questions. If you would like to ask a question over the phone please press Star 1 and record your name. If you'd like to withdraw your question, press Star 2. Thank you.

And again, if you would like to ask a question over the phone, please press Star 1. I'm currently showing no phone questions at this time.

Jackie Glaze: Thank you. I'll circle back to you, (Ashley).

(Ashley): Thank you. Okay, we have a question that says, "For states that have opted to accept USPS returned mail in state forwarding addresses as verified through an E14 waiver, contact with the individual is not required for reinstating, is

that correct? The state would update with the address received from USPS and resend a renewal form providing an additional 30 days."

Woman 1: Thanks, (Ashley). So the, as described in the January 2023 CAA SHO, once the mail is received at the state agency and it contains the renewal form or the request for information needed to conduct the renewal, the state may use that forwarding address provided on the envelope as a modality to conduct that outreach. And there's a discussion on that in that SHO letter. But specifically if the state has the E14, and allows the automatic update, then the state may send it and update that address in the system.

(Suzette): Okay, can we just make the clarification to that, that is part of updating contact information and not of the return mail process.

(Ashley): Okay, thanks. Then we have a question that says, "How long does the beneficiary have to respond to a state's returned mail follow-up? Is it 30 days?"

Woman 1: So if the state, after making contact with the individual upon receipt of returned mail, if the state needs to send a renewal form then the state would provide the 30 days, or must provide the MAGI-based beneficiaries with 30 days and non-MAGI beneficiaries with a reasonable period of time. If it is a request for information then the state would follow its typical process and provide the amount of time it provides beneficiaries to respond to requests for information.

(Ashley): Okay, thank you. It looks like that is all that we have in the chat at this point.

Jackie Glaze: Thank you, (Ashley). So Operator, if you could once again provide instructions for registering their questions through the phone lines. And then we'll check to see if there are questions here.

Coordinator: Sure. As a reminder, if you would like to ask a question over the phone, please press Star 1 and record your name. Thank you. I'm showing no phone questions at this time.

Jackie Glaze: Thank you, (Ashley). I don't see any additional questions in the chat. Can you confirm?

(Ashley): Yes, that's right.

Jackie Glaze: So I think with no additional questions at this point I think we will end early today. So I would like to thank everyone for their questions that they've submitted and asked. And looking forward the topics and invitation for our next call will be forthcoming.

If you do have questions that would come up before the next call, please feel free to reach out to us, your state leads, or bring your questions to our next call. So we do thank you again for joining us today. And we hope everyone has a great afternoon. Thank you.

Coordinator: This concludes today's call. Thank you for your participation. You may disconnect at this time.

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